

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953616	(X3) DATE SURVEY COMPLETED R 06/08/2018
NAME OF PROVIDER OR SUPPLIER FIVE STAR PREMIER RESIDENCES OF HOLLYWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2480 NORTH PARK ROAD HOLLYWOOD, FL 33021	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to the licensure complaint, CCR #2017012102 survey was conducted on 06/08/2018 at Five Star Premier Residences of Hollywood ALF, License # 5622. Previously cited deficiencies were found corrected